

STANDING ORDER MANDATE – STG£

To the Manager

Your Bank Name: _____

Your Bank Address: _____

I/We authorise and request you to **DEBIT** my/our account:

Sender Account Name: _____

Address: _____

Sender NSC: / / Sender Account Number:

With the amount of: £ _____

Amount in words: _____

And to **CREDIT**

Chartered Accountants Benevolent Association (Northern Ireland) Ltd
Chartered Accountants House, 47-49 Pearse Street, Dublin 2

Benevolent Association NSC: / /

Benevolent Association Account Number:

Benevolent Association Bank and Branch: Bank of Ireland, Belfast City Branch, BT1 2BA

START DATE (DD/MM/YYYY): / /

FREQUENCY (please X box)

Monthly: Quarterly: Yearly:

Until Further Notice OR Final Payment Date (DD/MM/YYYY) / / No of Payments OR

Signature: _____ Signature: _____

REFERENCE TO SHOW ON BENEVOLENT ASSOCIATION BANK STATEMENT:

MEMBER'S NAME: _____ MEMBERSHIP NO: _____

IMPORTANT

For our records please return to Chartered Accountants Ireland at the address below, and we will forward it to your bank.

Chartered Accountants Benevolent Association
Chartered Accountants House, 47-49 Pearse Street, Dublin 2

THANK YOU FOR YOUR DONATION